

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 580 Department or Agency Alabama Department of Mental Health

Rule No. 580-2-9-.15

Rule Title: Adult Rehabilitation Day Program

 New X Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer Debbie Popwell

Date 12/19/19

REC'D & FILED
DEC 19 2019
LEGISLATIVE SVC AGENCY

(DATE FILED)
(STAMP)

Alabama Department of Mental Health

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Mental Health

RULE NO. & TITLE: 580-2-9-.15 Adult Rehabilitation Day Program

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION: We have created Chapter 580-2-20 to eventually combine the current rules for Mental Illness in Chapter 580-2-9 and Substance Abuse in Chapter 580-9-44.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing to Debbie Popwell, Director, Office of Certification Administration, Alabama Department of Mental Health, 100 North Union Street, Suite 540, Montgomery, Alabama 36130 by mail or in person between the hours of 8:00AM and 5:00PM, Monday through Friday, or by electronic means to Debbie.popwell@mh.alabama.gov until and including March 6, 2020. Persons wishing to submit data, views, or arguments orally should contact Ms. Popwell by telephone at (334) 353-2069 during this period to arrange for an appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
March 6, 2020

CONTACT PERSON AT AGENCY:
Persons wishing a copy of the proposal may contact
Debbie Popwell
Department of Mental Health
100 North Union Street, Suite 540
Montgomery, Alabama 36130
(334) 353-2069

A copy of the proposed change is available on the department's website at <http://mh.alabama.gov>. Click on Provider Portal and then Certification to find code with changes.



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

580-2-9-.15 Adult Rehabilitation Day Program.

(1) The program description is approved by the board as specified in 580-2-9-.08(10)(b). It is consistent with the provisions of this section and defines Rehabilitative Day Program (RDP) as an identifiable and distinct program that provides long-term recovery services with the goals of improving functioning, facilitating recovery, achieving personal life goals, regaining self-worth, optimizing illness management, and helping consumers to become productive participants in family and community life. The program description must include all of the following components:

(a) A description of the nature and scope of the program that includes at a minimum the provision of services as specified in 580-2-9-.15(2) and as indicated by individual consumer needs and preferences.

(b) Discharge/transfer criteria and procedures consistent with 580-2-9-.15(1)(f).

(c) A description of the geographic service area for the program.

(d) Admission criteria shall address inclusionary criteria as follows and be approved by a staff member who meets the requirements set forth in section 580-2-9-.06(9)(g)6:

1. Presence of a psychiatric diagnosis.

2. Mild to moderate persistent, chronic, and/or refractory symptoms and impairments in one or more areas of living (e.g. difficulty attaining & sustaining life goals and/or community integration).

3. Does not meet admission or continued stay criteria for more intensive levels of care such as PHP or AIDT, but requires the daily structure and services of a recovery oriented rehabilitative milieu to improve or maintain level of functioning, achieve personal life goals, and sustain a positive quality of life.

4. RDP services are reasonably expected to improve the individual's functional level, increase quality of life, and facilitate attainment of personal life goals.

(e) Exclusionary criteria must include the following:

1. The person's level of functioning requires a more intensive level of care.

2. The individual is not experiencing mild or moderate persistent, chronic symptoms, impairments in one or more areas of daily life, difficulty attaining and sustaining life goals and/or problems with community integration.

(f) Discharge/transfer criteria shall include the following:

1. Rehabilitative goals have been met and the individual no longer needs this type of service.

2. Less intensive levels of care can reasonably be expected to improve or maintain the individual's level of symptom remission, condition, functional level, quality of life, attainment of life goals, and recovery; or the degree of impairment, severity of symptoms, and/or level of functioning necessitates admission to a more intensive level of care.

3. The individual primarily needs support, activities, socialization, or custodial care that could be provided in other less intensive Settings (e.g. peer support group, drop in center, or senior citizen's center).

4. The individual chooses not to participate.

(2) The RDP constitutes active structured, rehabilitative interventions that specifically address the individual's life goals, builds on personal strengths and assets, improves functioning, increases skills, promotes a positive quality of life, and develops support networks. The RDP should include an initial screening and an individualized treatment plan. Based on the specific focus of the program and the needs and preferences of consumers, one or more of the following rehabilitative services must be provided:

(a) Pre-vocational skills training and, when indicated, linkage to Vocational Rehabilitation Services (VRS) and other appropriate local work programs or settings.

(b) Assistance with the recovery of skills and general education, which might permit the consumer to succeed in Adult Basic Education, GED, computer skills, or other educational activities.

(c) A wide spectrum of activities and services which would permit sustained volunteer activity and/or employment.

(d) Assistance in recovering skills necessary to independently maintain consistent linkage to medical and

psychiatric services, access to prescribed medication, and self-monitoring of target symptoms, triggers, etc.

(e) Goal oriented groups (e.g. groups designed to help consumers identify, discuss, achieve and/or maintain personal life goals such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family etc.)

(f) One-to-one goal oriented sessions (e.g. one to one services designed to help a consumer identify, discuss, achieve and/or maintain personal life goals such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family etc.)

(g) Skill building and skill recovery (e.g. skills training sessions focused on learning, recovering, improving and maintaining daily living skills such as grocery shopping, use of public transportation, social skills, budgeting, laundry, and housekeeping to help consumers develop and maintain the skills they need to achieve and/or sustain personal life goals).

(h) Utilization of community resources.

(i) A weekly schedule of services attended must be in each consumer's record.

(3) The program coordinator must have at a minimum a Bachelor's degree in a mental health related field and at least 2 years of direct service experience in a mental health setting or be a registered nurse with at least 2 years of mental health center experience. The overall staff to consumer ratio cannot exceed 1:20. If a program has a capacity of 20 or less, an additional staff person should be present during the hours of operation to permit individualized treatment.

(4) Records document that consumers admitted to the RDP meet the admission criteria as specified above.

(5) Records document that the consumers admitted to the RDP do not meet the exclusionary criteria as specified above.

(6) Rehabilitative Day Programs shall be scheduled at least 4 hours per day 1 day per week.

(7) Consumers who are deaf or who have limited English proficiency will have communication access provided by staff fluent in the consumers' preferred language or by a qualified interpreter.

(a) If the consumer is deaf, the staff member providing service shall have at least an Intermediate Plus level in the Sign Language Proficiency Interview.

(b) Programming will be modified to provide effective participation for all consumers who are deaf.

(8) Consumers are scheduled to attend RDP at least once a week based on individual goals, preferences, needs and circumstances.

(9) The record documents that the treatment plan for rehabilitative day services is evaluated at least every 3 months to assure that continued participation in RDP is clinically indicated.

(10) Consumers discharged from the program meet the discharge criteria as specified above.

~~(11) Each consumer shall have training in infection control at program admission and annually thereafter.~~

~~Author: Division of Mental Illness, DMH~~

~~Statutory Authority: Code of Ala. 1975, §22-50-11.~~

~~History: New Rule: Filed June 14, 2010; effective July 19, 2010. Amended: Filed December 19, 2019.~~